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APPLICATION NO.	FILIN	G DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/090,119	06/0	4/1998	MARK A.B. HALSTEAD	777.090US1	3552
26389	7590	08/01/2002			
CHRISTENSEN, O'CONNOR, JOHNSON, KINDNESS, PLLC 1420 FIFTH AVENUE SUITE 2800			EXAMINER		
			FOURSON, GARY SCOTT		
SEATTLE, WA 98101-2347			ART UNIT	PAPER NUMBER	
				2151	
				DATE MAILED: 08/01/2002	!

Please find below and/or attached an Office communication concerning this application or proceeding.

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HALSTEAD

Interview Su	ımm	arv
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Application No. 09/090,119

Applicant(s)

Examiner

Gary Fourson

Art Unit **2151**

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All participants (applicant, applicant's representative, PTO	personnel):
(1) Gary Fourson	(3)
(2) Barbara M. Level (Reg. No. 45,483)	
Date of Interview	_
Type: a) ☒ Telephonic b) ☐ Video Conference c) ☐ Personal (copy is given to 1) ☐ applicant	2) applicant's representative]
Exhibit shown or demonstration conducted: d) Yes	e) 🛛 No. If yes, brief description:
Claim(s) discussed: 1, 8, 10, 15, and 19 Identification of prior art discussed: Henckel (US 6, 105, 036), Celi, Jr. et al. (US 6, 157, 933), a	
Agreement with respect to the claims f) was reached	
Substance of Interview including description of the general any other comments:	Il nature of what was agreed to if an agreement was reached, or
Discussed USC 112, first paragraph rejection given in prev	vious non-final office action and various possible amendments to
	at the prior art of record may be deficient in teaching all of the
considered in greater death	d to submit the arguments in the next written response to be
	dments which the examiner agreed would render the claims copy of the amendments that would render the claims allowable is
i) It is not necessary for applicant to provide a sepa	arate record of the substance of the interview (if box is checked).
INCLUDE THE SUBSTANCE OF THE INTERVIEW. (See MI already been filed, APPLICANT IS GIVEN ONE MONTH FR	MAL WRITTEN REPLY TO THE LAST OFFICE ACTION MUST PEP section 713.04). If a reply to the last Office action has OM THIS INTERVIEW DATE TO FILE A STATEMENT OF THE ord of Interview requirements on reverse side or on attached

Examiner Note: You must sign this form unless it is an Attachment to a signed Office action.

Examiner's signature, if required